



Elbert Fire Protection District
 P.O. BOX 98
 24310 MAIN STREET
 ELBERT, CO 80106
 BUSINESS PHONE (303) 648 3000
<http://www.elbertfire.org>



PERMIT PLAN REVIEW APPLICATION

**INSTRUCTIONS: USE THIS APPLICATION FOR ALL FIRE AND LIFE SAFETY CONSTRUCTION PLAN REVIEWS
 PLEASE PRINT OR TYPE**

PLEASE COMPLETE ENTIRE APPLICATION --- ALL INFORMATION IS REQUIRED TO PROCESS APPLICATION ---

➔ **IS THIS A DEFERRED SUBMITTAL, REVISION OR ADDENDUM** **YES** **NO** **EXISTING PERMIT #** _____

IT WILL BE PROCESSED AS A SEPARATE PERMIT UNLESS NOTED

See our website for specific required submittal documents and for contact information www.elbertfire.org
 The fee invoice will be sent to the party as designated below.

FIRE REVIEW ❖ LIFE SAFETY REVIEW

HAS THE BUILDING DEPARTMENT BEEN NOTIFIED OF PROJECT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A NEW BUILDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF THIS IS FOR A RESIDENTIAL STRUCTURE, HAS THE SCHOOL DISTRICT BEEN NOTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	A REMODEL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE PLANNING DEPARTMENT BEEN NOTIFIED OF PROJECT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR OTHER (please explain)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PROJECT NAME				PROJECT VALUATION	\$
ADDRESS					
CITY	COUNTY	STATE	ZIP		
DESCRIPTION OF WORK					

OWNER	<input type="checkbox"/> POINT OF CONTACT (DESIGNATE ONE)				
ADDRESS	CITY	STATE	ZIP		
CONTACT NAME	PHONE	FAX			
EMAIL					

ARCHITECT/ENGINEER	<input type="checkbox"/> POINT OF CONTACT (DESIGNATE ONE)				
ADDRESS	CITY	STATE	ZIP		
CONTACT NAME	PHONE	FAX			
EMAIL					

GENERAL CONTRACTOR	<input type="checkbox"/> POINT OF CONTACT (DESIGNATE ONE)				
ADDRESS	CITY	STATE	ZIP		
CONTACT NAME	PHONE	FAX			
EMAIL					

BILL FEES TO					
ADDRESS	CITY	STATE	ZIP		
CONTACT NAME	PHONE	FAX			
EMAIL					

NOTICE:

Permits shall become null and void if work or construction authorized is not commenced within 180 days or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read this application and know the same to be true and correct and that all provisions of laws and rules governing this type of work shall be complied with whether specified herein or not. I understand that permits which presume to give authority to violate or cancel the provisions of the above laws and rules or permits issued in error or on the basis of incorrect information supplied shall be invalid.

APPLICANT PRINTED NAME	
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APPLICANT SIGNATURE	
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